



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

RECEIVED  
Missouri Breath Alcohol Program  
By Carol Day at 12:20 pm, Mar 05, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 990041	DATE OF INSPECTION 03/01/2010
LOCATION OF INSTRUMENT (STREET AND CITY) 51 Harry's Way Winfield, Mo 63389	TIME OF INSPECTION 21:32

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.0	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> .096	TEST 2 <input checked="" type="checkbox"/> .097	TEST 3 <input checked="" type="checkbox"/> .098
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)											
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)											
REFUSALS	0	(0-.04)	1	(.05-.09)	0	(.10-.14)	3	(.15-.19)	4	(Over .19)	3

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Instrument Operating Within Established Limits.

Guth Laboratories Lot # 09270

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Marc Mccollister
TYPE II PERMIT NUMBER/EXPIRATION DATE 920022/02/10/11	TELEPHONE NUMBER (636) 566-6936



## GUTH LABORATORIES, INC.

890 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 09270 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1207 percent (w/vol) ethyl alcohol. The expiration date for this lot number is September 23, 2010 at 11:59 PM.

When used in a calibrated Simulator, operating at, 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



MARC MCCOLLISTER

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/10/09

Number 920022

Expires 02/10/2011

MO 580-0771 (7-88)

*John J. Mathewson*

Director of State Public Health Laboratory

*Margaret T. Donnelly*

Director, Department of Health

Lab. 4 (R7-88)

# BAC DataMaster

## Evidence Ticket

STATE OF MISSOURI  
WINFIELD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 990041  
03/01/10

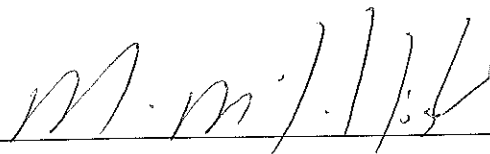
TESTING OFFICER:  
MCCOLLISTER/MARC/A  
OFFICER I.D.: 2502  
PERMIT NUMBER: 920022  
EXPIRATION DATE: 02/10/11  
MISCELLANEOUS DATA:  
N/A  
N/A

### --- SUPERVISOR MODE ---

BLANK TEST	.000	21:35
INTERNAL STANDARD	VERIFIED	21:35
EXTERNAL STANDARD	.096	21:36
BLANK TEST	.000	21:36
EXTERNAL STANDARD	.097	21:37
BLANK TEST	.000	21:37
EXTERNAL STANDARD	.098	21:38
BLANK TEST	.000	21:39

N = 3  
SIM. = .1  
AVG. = .097

Operator Signature



2208-02

# BAC DataMaster

## Evidence Ticket

STATE OF MISSOURI  
WINFIELD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 990041  
03/01/10  
21:32

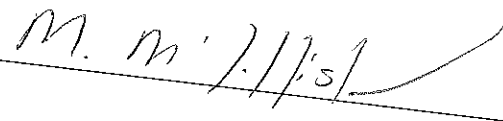
### --- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~  
-~!@#%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ

Operator Signature



2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
WINFIELD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 990041  
03/01/10

ARREST TIME: 09:00  
SUBJECT NAME:  
DOE/JOHN/A  
DOB: 09/09/69 SEX: M  
STATE/D.L.: MO/0000000069  
ARRESTING OFFICER:  
MCCOLLISTER/MARC/A  
OFFICER I.D.: 2502  
TESTING OFFICER:  
MCCOLLISTER/MARC/A  
OFFICER I.D.: 2502  
PERMIT NUMBER: 920002  
EXPIRATION DATE: 02/10/11  
MISCELLANEOUS DATA:  
RFI TEST  
N/A

## --- BREATH ANALYSIS ---

BLANK TEST	.000	21:42
INTERNAL STANDARD	VERIFIED	21:42
RADIO INTERFERENCE		

Operator Signature

*M. M. / . / list*